FOR BINDING

RESERVED

MARGIN

PLEASE WRITE

VS

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Cecil		
City or town. Perry Point (If outside city or town limits, write RURAL and give nearest town)	state Delaware county Kent	***************************************
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?		
How long in above place of death?	OTT Month Word CA	
VA Hospital, Perry Point, Md.	Street No. COL NOTTH WEST DIA	
How long In hospital or Institution? Since Sept. 10, 1943		
3. (a) FULL NAME	3. (b) Social Securi	ty Number
ABROMS. George Jr. 4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	222-14-49	901
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
male negro Single	20. DATE DF DEATH	31:15.J
6.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I altended de	
	December 13, 19 44 to June	27, 19.48
7. Birth date of 2003	and that I last saw h ill alive on June 27.	1948.
deceased (mo., day, yr.) Apr. 6, 1891	Immediate cause of death	DURATION
8. AGE: Years Months Days If less than one day	Cerebral hemorrhage	
9. Birthpiace		
1D. Usual occupation Laborer	B - 1	*****
11. Industry or business	Due 10	******
H 12. Name Unknown _ deceased	Ditter conditions Syphilis, tertiary	Imlmose
13. Birthplace Unknown		Ottesto wi
E	(Include pregnancy within 3 months of death)	
14. Maiden name	Major fiediess of operations	
2 15. Birthplace Unknown	Date of op	
16. Informant Hospital records	Autopsy results	
Address VA Hospital, Perry Point, Md.	PHYSICIAN: Please underline the cause to which death should be charg	ed statistically.
	22. VIOLENCE: If death was due to external causes, fill in the tollowing;	
17. Removal Bale thereof June 29. 1948 (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory Lakeview Cemetery	Where did Injury occur?	(State)
Dover, Delaware	Injured at home, farm, Industry, public place (where?)	
Location	Means of Injury Injured at work?	
18. Funeral director PENNINGTON & SON		-
Address havre de Grace Md.	1. 10-3/ Relle	in
1 0 n	A. E. TROLLINGER M. D. Chi . D. M.	D, or other
19. (Date rec'd by registrar) (Registr	A.E. TROLLINGER, M.D. Chief, Prof	essional

JUN 30 1948

CERTIFICATE OF DEATH

1371

	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	Siate Maryland County Baltimore City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran name war. WW. I
3. (a) FULL NAME	3. (b) Social Security Number
ALBAN, Harvey M.	Unknown
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white Single	20. DATE OF DEATH. June 7. 19 48 at 9: 57 PM
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 27. 19.48 and that I last saw h im alive on June 7. 19.48
8. AGE: Years Months Cays if tess than one day	Immediate cause of death
54 2 6hrsmin.	Uremia, uremic poisoning Unknown
9. Birthplace	Oue to
11. Industry or business 12. Name William Alban 13. Birthplace Unknown	Other conditions Hydro-ureters and Pyo- Unknown ureters; Chronic prostatitis;
14. Maiden name Unknown Unknown Unknown	Hypostattle protunctil amonths of death) Major fiediogs of operations
16. Informant Hospital Records	Autopsy results
Address 17 June 10, 1948 (Burial, CAADENCA CANDOL Which?) Cemetery or crematory. Baltimore National Cometery Location Baltimore, Maryland 18. Funerat director Address Hayra de Grace, Md.	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
19 June 8 1948 Trene E. Haugherte	A.E. TROLLINGER, M.D. Chief, Professional Svcs Address VA Hospital, Perry Point, Date signed 8 48

FOR BINDING RESERVED MARGIN PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly

WRITE

PLEASE

A15 SA W correct age

JUN 10 1948

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

186a

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother) State
Deabella (vans 1	Jarnes
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Why widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH. 26 June 1948 9: 30 A. M
8,(6) Name of husband or wife	21. I CERTIFY that death occurred on the data above etated; that I attended deceased from
T. Birth date of	and that I last saw h A.T. alive on 26 June 1845
8. AGE: Yeare Months Daye It less than one day	Immediate cause of death DURATION Bronchopucomonia 5 days
86min.	
9. Birthplace (Town, county, and state)	Due to Inspected Fracture 10 days
1D. Usual occupation.	Due to
11. Industry or business 12. Name John Gelon Black	Other conditions
13. Birthplace Charlestown, Mil	(Include pregnancy within 3 months of death)
14. Maiden name Lizabeth Civing 15. Birthplace Conowings Mal	Major findings of operations.
* 15. Birthplace Conowny Max	Date of op.
18. Informant My Harry Bornes	Astopsy resolts
Address polestown pro	22. VtoLENCE: If death was due to external causee, till in the following:
17 Burish Date thereof June 28/48	Accident, suicide, or homicide.
(Bufini, cremation, or removal. Which?) (month) (dey) (year)	Whose did taken apour? Wantes laure the
Cemetery or crematory	(City or town) (County) (State)
Location howlestown mo	Injured at home, farm, Industry, public place (where?) Moons of Injury Tall Journ steps Injured at work? — 89188
18. Funeral director. Awfippen	Moons at Injury Fall Sour steps Injured at work? - 819140
Addree Elkton, mdg-	23. SIGNATURE Blans A Toucher H.D.
19. July 6 19 L8 Jarah & Fotherms	North East Hd Date street 26 June 48



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6097

CERTIFICATE OF DEATH

Reg Dist. No. 96

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Maryland County Cecil
City or town Port Deposit. Rural (If outside eity or town limits, write RURAL and give nearest town)	
How long in above place of death? Life	City or town Port Deposit Rural (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. Perryville, Road
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) I1 veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Edith Wilson Blackburn	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Married	June 9 3 48 7P
	21. I CERTIFY that death occurred on the fate above stated: that lattended deceased from
6.(6) Name of husband or wife Edward C. Blackburn	21. I CERTIFY that death accurred on the frate above stated: that varienced deceased from
7. Birth date of deceased (mo., day, yr.) January 1, 1886	and that I last saw h alive on 19.
8. AGE: Years Months Days Illess than one day	Immedia: cause of death DURATION
62 5 22hrs. min.	(Irlisal Rimorrhage /2 h
Birtholace Port Deposit, Cecil Co., Md.	Due to The Manual Commence
(Town, county, and state)	DO SY
10. Usual occupation . House Wife	Chileria Del Chorus - 8m
11. Industry or business	Due 10
	Other conditions
Filmore Wilson 12. Name	other conditions.
	(Include pregnancy within 3 months of death)
The project is a second	Major findings of operations.
18. Informant Miss Marian Blackburn	Autopsy results.
Address Port Deposit, Maryland	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial June 26 1948	22. VIOLENCE: If death was due to external causes, till in the following:
Burial Burial Date thereof June 26, 1948 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory West Nottingham Cemetery	Where did injury occur?
Location Colora Maryland	Injured at home, farm, Industry, public place (where?)
1/ 10 Patternand don	Meens of Injury Injured at work?
1B. Funeral director.	(Alle , mx)
Address Cerry Ville, Mar.	23. SIGNATURE DY/JYMOND (III W)
1. June 26 " 4 & Irene S. D. Jahraham	M. D. or other
(Pate rec'd by registrar)	Address Date signed 2

ADING INK. Supply every item of information carefully. The correct age Physicians: please write the causes of death clearly and legibly. FOR BINDING MARGIN RESERVED important. PLAINLY, V is especially

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VS A15

JUN 29 1948

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Diat. No......

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residance of mother)
(if outside city or town limits, write RURAL and give nearest town)	State County County
How long in above place of death? Just few mulls	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death decurred:	Street No.
	(If rurai, give LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mornas F. DO	roman.
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M Mule married	20. DATE OF DEATH LINE 2 8 1848 12254
6.(b) Name of husband or wife norma 7 B ownan	21. I CERTIFY that each occurred on the date above stated; that I attended deceased from
7. Birth date of 20 years	and that I last saw halive on
8. AGE: Years Months Days If less than one day	Immediate come of death
27 X - min.	Ny novovea
00.0	
9. Birthplace(Due to
10. Usual occupation Munition assurbly	Comp
11. Industry or business 4.50 Osolance	Due to
	Dther conditions.
12. Name Bouman 13. Birtholace Penna	
	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations
15. Birthplace	Date of op.
16. Informant Mrs Norma T Boroman	Antopsy results.
Address worth Eart of high	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Burial Date thereof July 1 1948	22. VIOLENCE: If death was due to external causes fill in the following:
(Burial, cremation, or removal. Which?) Date thereof(month) (day) g(year)	Accident outide, or homitian the former Country of the former coun
temetery or cremetory	Wher with the structure (County) 4 (State)
Location Oznak wie Wo	Injured at home, farm, Industry, public place (wheter) wall sure
(R HI T	Means of the state
18. Funeral director	Modical Examine
Address Cast No	Is suproved to class Min for Cacil County
19 July 6 19 +8 Jarah & Kathermel	10 10 10 Sun Ind M. D. or other
Oate red d by registrar) Hegistrar	II Address Date signed

JUL 6 1948

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

			4	3
Reg.	Dist.	No.		

1. PLACE OF DEATH; Cruin Good County City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address whore doath occurred: How long in hospital or inslitution? 12-18-13-13-13-13-13-13-13-13-13-13-13-13-13-	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Sex 5. Color or raco S.(a) Single, married, widowed, or diseased MALE White Widowed. 6.(b) Namo of husband or wife	MEDICAL CERTIFICATION 2B. BATE OF BEATH. 21. I CERTIFY that doath occurred on the date above stated; that I attended deceased from 19.48. 21. I CERTIFY that doath occurred on the date above stated; that I attended deceased from 19.48. 22. I CERTIFY that doath occurred on the date above stated; that I attended deceased from 19.48. 23. I CERTIFY that doath occurred on the date above stated; that I attended deceased from 19.48.
8. AGE: Years Months Bays If less than one day 73 4 4	Duration Duration Duration Duration Duration Duration
14. Maiden name Mary Mileu 15. Birthplace Lance de Harre 16. Informani Mary & Bryd. Address / 3 7 Mobil of Wilking Mary.	(Include pregnancy within 3 months of death) Major findings of operations Carc: No Ala Recho Dale of op. No b. 5 1947 Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
17. Burial, eremation, or geneval. Which?) Cemetery or crematory surreaculable. Heary Curretry Location Linear Del. by Jerma. 18. Funeral director. Addross Elphon Ma	Accident, suicide, or homicide

JUN 15 1948

2411 N. Charles St., Baltimore

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ĺ	CERTIFICATE OF	DEATH
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1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED:
County.	(For newborn infants give residence of mother)
City or town	State County County
How long in above place of death? Olorera.	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	
	Street No
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Momas B	Urve 3. (6) Social Security Namber
4. Sax 5. Color oprace 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M' nucle land.	20. DATE DE DEATH + cme 22 148 11.50%
- San gre	
8.(6) Name of husband or wite	21. I CERTIFY that tends occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Aan, 27 /884	and that I last saw halive on
8. AGE: Years Months Days It less than one day	Immediaic cause of death DURATION
64 3 min.	
CO V	
9. Birthplace	Due to.
1D. Usual occupation. Araimer	onaux.
	Due to
11. Industry or business	
12. Name Samas Buma. 13. Birthplace Penn.	Dther conditions
	(Include pregnancy within 3 months of death)
# 14. Malden name Lower Inchola	
15. Birthplace Penn.	Major findings of operations.
DA T. G. TO	
16. Informant	Autopsy results
Address / Connett Square.	
(Burial, cremation, or removal, Which?) Date thereof, Acade 25, 1948 (month) (day) (year)	22. VIOLENCE: It death was due to external causes, till in the tollowing;
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory / Cemeters ville	Where did injury occur?
Location Comblemille Do	Injured at home, farm, industry, public place (where?)
6 71	Means of Injury injured at work?
1B. Funeral director	1100 0 Q Medical Examiner
Althors flangsyn mai	20 ASIM TOCKE ON MINE Cacil County
Brue 22 48 Zomorthist	M. D. or other
(Date rec'd by registrar)	Notes Survey Survey Modele sign 6/22-48

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ADING INK. Supply every item of information carefully Physicians: please write the causes of death clearly and

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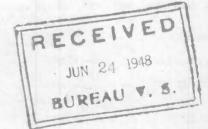
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 7

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1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give regidence of mother)
County Coul	Mar. (0 .) ((. a. ()
City or town (If outside city or town limits, write RURAL and give nearest town)	801270-11
How long in above place of death?	City or town
Hospital, Institution, or street address where death occurred:	Street No. Singlely Rood
Union Haspital	(If rura kive LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Outland Clement amoreoe	
4. Sex 5. Color of pace 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
tmale white single	20. DATE OF DEATH. June 13 19.48 al M
0 0 . 0.	21. I CERLIFY that death occurred on the date above stated; that I attended deceased from
B.(b) Name of husband or wife.	June 13 10 48 10 June 13 10 48
7. Birth date of	and that I last saw h Linnalive on June 13
deceased (mo., day, yr.) Quice 12, 1948	Immediate mass af death DURATION
8. AGE: Years Months Days It less than one day	Respectory Failing
new born 11 hrs. 55 min.	
9. Birthplace Elkton, Maryland	Due to servatuate
(Town, county, end state)	(a months)
10. Usual occupation	Due to
11, Industry or business	
12. NameClement albert Consisse	Other conditions
13, Dirthplace Eleton No.	(Include pregnancy within 8 months of deeth)
14. Maiden name & ulvia Gelene Petty	
14. Maiden name & ulvia Gelene Petty 15. Birthplace Odo all. Vivainia	Msjor findings of operations
Q. I A Decorate	Autopsy results.
16. Informani	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Cleton Naryand	22. VIOLENCE: It death was due to external causes, till in the tollowing;
(Burial, cremation, or removal, Which?) Date thereot (month) (day) (year)	Accident, suicide, or homicide
CTI	Where did injury occur?
Cemetery or crematory Laboratory Cred	Injured at home, farm, industry, public place (where?)
Location Control Contr	Moane of Injury 2 Injured at work?
18. Funeral director The Theory	
Address Elleton mod,	Johnson h Wadruman
Description of the former	23. SIGNATUR M. D. or other
(Uate rec'd by registrar) Registrar	Address 2 42 12) 11 cm St Date signed 6/17/48
	alliton, Md.

JUN 16 1948

MARYLAND STATE DEPARTMENT OF HEALTH

CEDTICICATE OF DEATH

			ea St., Baltimore		
		CERTIFICAT	TE OF DEATH	Reg. Diat. No	96
County Cecil City or town Perry Point (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 17 yrs.5 mos. 27 days Hospital, institution, or street address where death occurred: VA Hospital, Perry Point, Md.			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Alleghany City or town (If outside city or town limits, write RURAL and give nearest town) Street No. 119 Baker Street (If rural, give LOCATION)		
3. (a) FULL NAME DANIELS, Ear				3. (b) Social Security None	Number
4. Sex 5. Color of		le, married, widowed, or divorced		ERTIFICATION	
male wh	nite	Single	20. DATE DE DEATH June 9.	19. 48	3: 45 J
			21. I CERTIFY that death occurred on the date above		
7. Birth date of	Sept. 14,	(c) If alive, give ageyears	and that f last saw halive on		
deceased (mo., day, yr.) 8. AGE: Years Mon	niths Days	If less than one day	Immediate cause of death Left lobar pneumonia		DURATION 14-16 h
1D. Usual occupation	kaborer Railroad ar		Due to		
	in Daniels ermont	deceased	Other conditions General Paral t (Include pregnancy within 3 m		Unknown
14. Maiden nameMa.I	14. Maiden name Mary Martin - deceased 15. Birthplace Virginia Hospital Records				
16. Informant			Autopsy results PHYSICIAN: Please underline the cause to wh		
17 Burial (Burial, cremation, or remov. Cemetery or crematory	Date the	Point, Md. June 14, 1948 (month) (day) (year) tional Cemetery	22. VIOLENCE: If death was due to external cause Accident, suicide, or homicide	Date of	(State)
We Chan	INCTON SOI le Grace, Mo	5 M	Means of Injury 23. MONATURE R. C. DODSON, M. J. Agress Rising Sun. Md.	D. Coroner dr	Examiner Acil County Cecil Co

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF D					2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)		
County Cecil City or town Perry Point, Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 1/4 yrs. 11 mos. 29 days Hospital, Institution, or street address where death occurred:							
		State Delaware county Sussex					
		City or town Selbyville (If outside eity or town limits, write RURAL and give near	root town)				
	ital, Perry				Street No		
New load in bossital	or Inetitution?1/4	vrs. 1	1 mos. 29	days	2.(a) If veteran, name war	x./	
3. (a) FULL NAM		747			3. (b) Social Security I	Number	
	DAVIS, Rile				Unknown		
4. Se1	5. Color or race		e, marriod, widowed, or	divorced	MEDICAL CERTIFICATION (EST) .	
Male	Negro	5	ingle	μ	20. DATE OF DEATH June 25, 10 48		
					21. I CERTIFY that death occurred on the date above elated; that I attended decea	17 12 12 12 12 12 12 12 12 12 12 12 12 12	
6.(b) Name of hueban	d or wife				July 29, 19. 37 10 June 25,		
***************************************		6.(e) If alive, give age	yeare	and that I last saw h. im. alive on June 25.		
7. Sirth dato of deceased (mo., day		1	1895				
8. AGE: Yea		Days		у	Immediate cause of death	DURATION	
53	3	24	hrs.	min.	Encephalomalacia	Unknown	
					Ouo to Arteriosclerosis, cerebral	Unlengum	
9. BirthplaceSe	lbyville, Town,	elawai	?e	••••••	Duo to Arterioscierosis, cerebrai	CITIZIONII	
	11.1	WIN.					
10. Usual occupation		***************			Due 10		
11. Industry or bueing							
至 12. Name	saac Sturge	S			Other conditions Dementia Praecox, Hebephrenic		
13. Birthplace	Delaware				1	ll yrs	
8	Caroline	Davi	8		(Include pregnancy within 3 months of death)		
14. Maiden nam 15. Birthplace					Major findings of operations		
El 15. Birthplace	Selbyvil		Elaware		Dato of op.		
16. informant	Hospital Re	cords			Autopsy resultsNone		
	Hospital. F		Doint 35d		PHYSICIAN: Please underline the cause to which death should be charged a	statistically.	
		-		5010	22. VIOLENCE: If death was due to external causes, 1111 in the following:		
17 Remova	n, or removal. Which?)	Date The	of June 26 (month) (di	1948	Accident, euicide, or homicide		
(Buriai, crematic	tory Long Cha	nel Ca		-37 (317	Where did injury occur?(City or town) (County)		
				***************************************		(State)	
Location	elbyville,	Delawa	are		Injured at home, farm, Industry, public place (where?)	,	
18. Funeral director.	Heler 1	The	ly	•	Meens of Injury Injured at work?		
16. Funeral unector.	elbyville, I	hales	no/	•	6.266000		
					23. SIGNATORE 2. SURVEY COLUMN TO STATE OF THE STATE OF T	Man	
10 Jeense	26 19 4 8	· In	me E. Da	slank	Services, VaH, Perry Point, Wd.	of ssione	
Date ree'd by	egistrar)			Registrat	Addreee Dato signed.	7 40/ 40	

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JUN. 29 1948

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WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The constraint is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg.	Diat.	No. 92
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1. PLACE OF DEATH: 0	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County.	md ('Oeal
City or town	Antona Runal
How long in above place of death? 24 hour.	(if outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No
union Hospital	(If rural, give LOCATION)
How long in hospitat or institution? I f hours	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
4, Sex 5. Color or race 6.(a)Single, married Midowed, or divorced	MEDICAL CERTIFICATION
Hemde White married	20. DATE OF DEATH TIME & 9. 19 45 110-109.
1 solph Devine	21. I PERTIFY that death occurred on the date above stated; that J attended deceased from
8.(b) Name of husband or wife	June 27 1048 10 June 24 10 48
7. 8 ith date of	and that I last saw here alive on the State St. 1945.
deceased (mo., day, yr.) Nov. 20. /883	Immediais come of Jeath DURATION
8. AGE: Years Months Days If less than one day	Shock.
64 /min.	- F
9. Birthplace (Town, Sounty, and state)	Oue to The action
11	ceroceejueron
10. Usual occupation	Oue to.
11. Industry or business	
12. Name David Dryde 13. Birthplace Pa	Diher conditions
	(Include pregnancy within 3 months of degin)
14. Malden name Caroly Krauss 15. Birthplace md	Major findings of applations y all signify
S 15. Birthplace md	whiled fall bate of op. 6 - 38-4
18. Informant Moseph Devine	Autopsy results
Address Aslora, md. R. Fr. D.	PHYSICIAN: Please underline the cause to which death should he charged statistically.
D = 1 10.00	22. VIOLENCE: tf death was due to external causes, fill in the following:
Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory. West Nottingham	Where did injury occur?
Location her Colora, md	Injured at home, farm, industry, public place (where?)
18, Funeral director A. 2. Zysson	Means of thingy tojured at work?
D 1/1. 1/201	11000 Barlans 8h
Address living Dan, 179	20. SUSTRIBUTE M. D. OF OTHER
18 July 30 18 48 J 1 Trager	Ween gour Miles sign 6/30 08

JUL 2 1948

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baftimore

CERTIFICATE OF DEATH

			0.
Reg.	Dist.	No.	96

50

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
COURTY	Manual ond Conil
City or town Principio Furnace (If outside city or town limits, write RURAL and give nearest town)	State Mary Land County Gentle Principio Furnace
How long in above place of death? 74 years	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
ANNIE MARTHILLA DILL	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Married	20. DATE OF DEATH Serve 16 1948 21 8 A.
6.(b) Name of husband or wife. Willard W. Dill	21. I CERTIFY that death occurred on the date above stated; that aftended deceased from
	africa 1 19 45 to June 16 19 45
7. Birth date of Tanana 2007 4	and that I last eaw h alive on
deceased (mo., day, yr.) June 12, 1874	Immediate cause of death
8. AGE: Years Months Daye If less than one day	metastatie Caremoniala 6 mil
74 0 4hremin.	
9. Birthplace Principio Furnace, Marvland (Town, county, and state)	Due to Insperable Occessiona
(Town, county, and state)	of Breast 3 ms
1D. Ueuzl occupation Housewife	Due to
11, Industry or businese	
	Behar conditions Desletes Wellitus 3 yrs
12. Name Elijah Jackson 13. Birthplace Cecil Co., Maryland	Siles conditions and a siles a
	(Include pregnancy within 8 months of death)
14. Maiden name Mary Ellen Carter 15. Birthplace Cecil Co., Maryland	Major findings of operations
	Date of op.
18. Informant Willard W. Dill	Autopsy results
Address Principio Furnace, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causee, fill in the following:
Burial Burial Date thereof June 19, 1948 (month) (day) (year)	Accident, euicide, or homicide
Cemetery or crematory Principio Cemetery	Where did Injury occur?
Principio Furnace, Maryland	Injured of home, farm, industry, public place (where?)
18. Funeral director Les a. Patterson y Son	Means of Injury Injured at work?
De har De	J. F. Magraw.
Address Terregivelle, Maryland	23. SIGNATURE AT CALLY THE PARTY OF THE PART
19 June 18 19 48 Frame E. Saughers	- Many - Ille Mil 6/16/4
(Date rec'd by registrar) Registrar	Address Date signed

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ADING INK. Supply every item of i

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information carefully. The of death clearly and legibly.

JUN 21 1948

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No ...

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	and the second
City or town(If outside city or town limits, write RURAL and give nearest town)	State County County
	City or town(if outside city or town limits, write RUFAL and give nearest town)
How long in above place of death?	- 4-1
dospilal, instilution or street address where death occurred	Street No
Charlestown, ma	
low long in hospital or institution?	2.(a) if voteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Jorah May	Iraham
4. Sex 5. Color or race 6.(a) Single, Married, with wed, or divorced	MEDICAL CERTIFICATION
Followed lived	20 DATE DE DEATH 22 June 1948 21 4 A. M
o. Our comount	AND DATE OF CLASSIC
8.(b) Name of husband or wife Jonathan James John	21. I CERTIFY that death occurred on the date above stated; that I allended deceased from
	June 1946 19 10 22 June 1948
7 Right date of	and that I last saw h.e.t. alive on 20 June 1948
deceased (mo., day, yr.) (may, 14, 18/3	Immediate cause of death
8. AGE: Years Months Days If less than one day	Coronary Ocelusion 3 days
14 10 7hrs.	
Que 1401 med	main Hypertensive Cardiovascular 15 years
9. Birthplace (Town, county, and state)	Due to M. Benal Misease
ct Hanse	
10. Usual occupation	Due to
t1. Industry or business	Other and lines Diabetes Hellitus 20 years t
12. Name. Agustus Howell	Other conditions Diabetes Hellitus do years T
12. Name Course Sowell 13. Birthplace Delowere	ALL Complete of death)
M C Paralle	(Include pregnancy within 8 months of death)
14. Maiden name	Major findings of operations
15. 8irthplace Alllaware	Date of op.
16. Informant hore Rebecon & Murphy	Autopsy results
Clit had	PHYSICIAN: Picase underline the cause to which death should be charged statistically.
Address Charlestown, Mac	22. VIOLENCE: If death was due to external causes, filt in the following:
(Rorial cremation or removal, Which?) (Barial cremation or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory Charleston	Where did injury occur?
Location Charlestown, Mid	tnjured at home, farm, Industry, public place (where?)
IU. P.ILi.	Means of injury injured at work?
18. Funerat director.	110 1111 0 111
Address Elfeton, and	Blaus H Juelner M.D.
June 22 118 Sarah Elloth	23. SIDNATURE M. D. or other
10	Star Address North East, Md Date signed 22 June 48

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(Dote rec'd by registrar)

The correct age

JUL 6 1948

CERTIFICATE OF DEATH

2411 N. C	harles St., Baltimore	
CERTIFIC	ATE OF DEATH Reg.	Diat. No. J2
1. PLACE OF DEATH: County City or town	2. USUAL RESIDENCE (HOME) OF DECEASE (For newborn infants give residence of mother) State	eeul Land give nearest town)
How long in hospital or institution?	2.(a) If veteran, name war.	
3. (a) FULL NAME Walter L. Hamil	ton 3.(b) So	cial Security Number
4. 5x . 5. Color or race 6.(a) Single, married, widowed, or divorced Surgel	MEDICAL CERTIFICATION 20. DATE OF DEATH June 3.0	ATION 19 Cl V at 1 - 25 Cl
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that	
7. Birth date of deceased (me., day, yr.) $9 - 9 - 1926$	years and that I last saw halive on	19
8. AGE: Years Months Days If less than one day	min. Immedia Juse of death.	Build
9. Birthplace Cak dale M. Ja. (Town, county, and state) 10. Usual occupation Much and Seasman	Due to fractical It	nd
11. Industry or posiness 12. Name Kufelt Lamelton 13. Birthpiace Eshdale Ma	Due to Supplied to	cecilino
13. Birthplace Collace Fungeson 15. Birthplace Collace Wya	(Include pregnancy within 3 months of deat	th)
\$ 15. Birthplace CSN clave Mya		ate of op
16. Informan Marney & Hamilton Address Eliston RD 1. Ind	Autopsy results	uld be charged statistically.
17. Burial, cremation, or removal, Which?) Date thereof class 3 / 4 / 2 (Burial, cremation, or removal, Which?)	COVERAN CO	following: 6/30-48
Cemetery or crematory Cleation, Location Cleation Ind	Where did Injury occur? (City or town) (C Injured at heme, farm, Industry, public page with re?)	PRRhoug Elkton
18. Funeral director	Magin of Might light or Can Injur	Medical Examiner La Cocil County
19 July V 19 48 FR Frazer (Date rec'd by registrar) (Date rec'd by registrar)	strar Augestang Sun Ma	M, D. or other Date signed 7-1-48

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PLEASE



2411 N. Charles St., Baltimore

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CERTIFICAT	E OF DEATH	Reg. Diat. No	30
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m State Maryland Country	Dalkimara.	
How long in above place of death? 2 yrs. 0 mos. 9 days Hospital, institution, or street address where death occurred: Veterans Administration Hospital	City or town (If outside city or town limits, write RURAL and give nearest town) Street No. 1414 Presstman St., (If rural, give LOCATION) WW_I		
How long in hospital or institution?	2.(a) if veteran name war	3. (b) Social Security Nu	1
3.(a) FULL NAME HICKS, Samuel A. Hicks		Unknown	imoer
4. Sex Negro Rarried, widowed, or divorced Married	MEDICAL CE 20. DATE DF DEATHJune2,	RTIFICATION	5:20 AV
6.(b) Name of Juft of wife Bessie L. Hicks	21. I CERTIFY that death occurred on the date above April 23,	46 June 2,	19 48
7. Birth date of deceased (mo., day, yr.) Aug. 2, 1892.	and that I last saw h. 1m. alive on Jun		
deceased (mo., day, yr.) Aug	Immediate cause of death		buration 6 hrs.
9. Birthplace	Due toArteriosclerosis,		Unknown
11. Industry or business B&O Railroad 12. Name Samuel Hicks — deceased 13. Birthplace Unknown	Other conditions 1. Arterioscl	erosis, general	ized;
3. Birthplace	2. Coronary artery dis Hypertension, artery dis Major fiadius af operations.	onths of death)	••••••
15. Birthplace Official Records	Autapsy results	***************************************	
Address VA Hospital, Perry Point, Md. Removal (Burial, cremation, or removal, Which?) Baltimore National Cemetery	22. VIOLENCE: If death was due to external caus Accident, suicide, or homicide	es, fill in the following:	
Cemetery or crematory Baltimore Ravional Cemetery Location Baltimore, Maryland 18. Funeral director But Levy Holland MRS. GEO. H. HOLLAND, Address 1631 Druid Hill Ave., Baltimoren Md.	Injured at home, farm, Industry, public place (wheeling of Injury ————————————————————————————————————		
18. June 2 18.48 I rem E. Daugher G. Registrar	A.E. TROLLINGER, M.D. Address VAH, Perry Point	Chief. Profes Services	stonal 2 48

age

ADING INK. Supply every item of information carefully. Physicians: please write the causes of death clearly and l

important.

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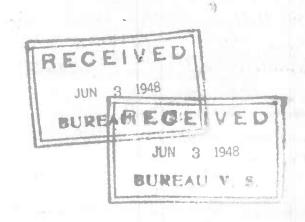
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	rmation carefully. The correct age leath clearly and legibly.
MARGIN RESERVED FOR BINDING	LEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefull is especially important. Physicians: please write the causes of death clearly and
I	WITH import
9-45-15M	WRITE PLAINLY, is especially
'S A15 9.45	LEASE

			Cartin IOII	Reg. Diat. No.	
1. PLACE OF DEA				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Cecil City or town. Perry Point, Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 3 yrs. 4 mos. 15 days Hospilal, Institution, or sireef address where death occurred:		s. 15 days	State D.C. County County City or town Washington (If outside city or town limits, write RURAL and give		
VA Hospital, Perry Point, Md. How long in hospital or inslitution? 3 yrs. 5 mos. 10 days		Street No. 90 M. Street, N.W., (If rurel, give LOCATION) 2.(a) If veteran, name war.			
3. (a) FULL NAME JACK	SON, Alexa	ander		3. (b) Social Securi None	ty Number
4. Sex male	5. Color or race Negro	6.(a)Singi	e, married, widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE OF DEATH June 18, 1948 19 1	1:05 PM
6,(b) Name of husband or wife Edna Tolson 6.(c) It alive, give age years 7. Birth date of deceased (mo., day, yr.) December 29,1886		e) It alive, give ageyears	21. I CERTIFY that death occurred on the date above stated; that I attended d February 3, 19.45, to June and that I last saw h. im alive on June 18,	leceased from 18, 19, 48	
8. AGE: Years 61	Months 5	Days 19	If less than one dayhrsmin.	Pneumonia, bronchial due to general paralysis of	72 hrs.
9. Birthplace				Due tothe insane Due fo Other conditions	
13. Birthplace St. Mary's County, Maryland 14. Malden name Mary Frances Washington 15. Birthplace St. Mary's County, Maryland Hospital Records				(Include pregnancy within 3 months of death) Major findings of operations	
16. Informant Hospital Records Address VA Hospital, Perry Point, Md.				Autopsy results	
17. Removal (Burial, cremation, or removal, Which?) Cemetery or crematory. Location Oate thereof. June 21, 1918 (month) (day) (year)				22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	(State)
18. Funeral directo		A	race, Md.	Meens of Injury Injured at work? 23. SIGNATURE Z. LOCCE 23. SIGNATURE Z. LOCCE 24. SIGNATURE Z. LOCCE 25. SIGNATURE Z. LOCCE 26. SIGNATURE Z. LOCCE 27. SIGNATURE Z. LOC	ugu
19. Jesuse Date rec'd by res	2/ 19 4 8 ristrar)	- Is	E Dough	Services, VA Hospital M.D., Chief J. Address M.D., Md. Cate Sign	rofussiona 619-48

JUN 22 1948

CEDTIFICATE OF DEATH

			1	2/
Reg.	Diat.	No.		2

CERTIFICATE OF DEATH Reg. Diat. No		
1. PLACE OF DEATH: Legisle	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newforn infants give residence of mother)	
City or town	State County City or town (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town) Street No	
How long In hospital or institution?	2.(a) It veteran, name war	
3. (a) FULL NAME to Cripty Kepple	3. (b) Social Security Number 219-07-8546	
4. San . S. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20, DATE OF DEATH LINE 1 1948 12.05	
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that f attended deceased from	
7. Birth date of deceased (mo., day, yr.)	and that I last saw halive on	
8. AGE: Years Months Days If less than one day	Impactial cause of death DURATION	
9. Birthplace. austua kungary	Due to.	
10. Usual occupation Carpenter	Due to	
11. Industry or business	Other conditions.	
	(Include pregnancy within 3 months (death)	
14. Maiden name. Lygornaucov 15. Birthplace	Major findings of operations Date of op. 5/3/4/8	
16. Informant Address Elleton Rob 5 Md	Antopsy results	
17. Burial, cremation, dr remonal, Which?) Date thereof	22. VIOLENCE: If death was due to external causes, till in the toilowing; Accident, suicide, or homicide	
Cemetery or crematory.	Whare did injury occur?	
Location Cherry HC	Injured at home, farm, Industry, public place (where?) Means of injury Injured at work?	
18. Funeral director Address Address Manuford	MSO Procleon Miner Cocil County	
19 Have 3 19 48 FA Fragar (Bute rec'd by registrar) (Registrar)	Adores & Lacy Sur Md Date signed -1 - 48	

ADING INK. Supply every item of information carefully. The c Physicians: please write the causes of death clearly and legibly. BINDING MARGIN RESERVED FOR PLAINLY, WITH UNF. is especially important.

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JUN 7 1948

CERTIFICATE OF DEATH

Reg. Diat. No.....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (Formwhorn infants give residence of mother)
County	State Md County Cecil
City or town(If outside city or town limits, write KURAL and give nearest town)	Pl. 1- 1- 1-
How long in above place of death? 2 da	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
Markey That The same	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FUIL NAME	3. (b) Social Security Number
Harry C	A CONTROL TION
4. Sex Solor or race 6.(a) Single, married, widowed, or divorced married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH 20. DATE OF DEATH 20. DATE OF DEATH
Ida Brita.	21, dicentify that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	June 13 - 10 78 10 JUNE 2- 14 3
7. Birth date of Section 16.60 It alive, give age years	and that I last saw had alive on 1975
deceased (mo., day, yr.) WC/ /8, /7/ R ACE- Years Months Days It less than one day	Immediate cause of death DURATION
8. AGE: Years Months Days It less than one day	On this Humanism 2000
01 10:401	
9. Birthplace	Due to Cardis - 1
10. Usual occupation fat matter	Though Ourers 610
11, Industry or business	Due to.
	Other conditions
12. Name Links Ting Ind	
	(Include pregnancy within 3 months of death)
14. Malden name Mayoret Cummings: 15. Birthplace Chesakeske City mid	Major findings of operations.
\$1 15. Birthplace Cheapertee City	Date of op
18. Informant Mrs. Stellar Classification	Autopsy results
Address (hesspeake city, ma	22. VIOLENCE: If death was due to external causes, fill in the following;
11 Burst Date thereof Juril 16/48	Accident, suicide, or homicide, Date of
(Burial, cremation, or removal. Which) (month) (day) (year)	Where did Injury occur? (City or town) (County) (State)
Cemetery or crematory	
Location Alas Chesiplane my ma	Injured at home, tarm, Industry, public place (where?)
18. Funaral director	Means of Injury Injured 2t work?
Address Eletin ma	Hardons MA
Jan 16 16 7117	23. SIGNATURE M. D. or other
(Date rec'd by registrar) (Registrar	Address The spectruly Mate signed of his fly for

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JUN 18 1948

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CERTIFICATE OF DEATH

Par	Dist.	No	9	7

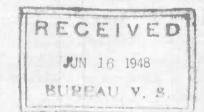
/	
1. PLACE OF DEATH: Carel	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
SIKtor RD2	State Ind County Cecil.
(If outside city or town limits, write RURAL and give nearest town)	P M. Bolt
ow long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
ospital, institution, or street address where death occurred:	Street No. PO2 Ind
Clatra 12 De 2 Ma	(If rura), give LOCATION)
iow long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Henry alexander	Tewn
4. Sex 5. Color or race 6.(α) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m les marie	Mus 12 48 1 A
40	20. DATE OF DEATH.
S.(b) Hame of husband or wife Assault Service	21. I CERTIFY that decid occurred on the date above stated; that I strended deceased from
	irs
7. Birth date of deceased (mo., day, yr.) March 14. 1886	and that I last saw harmanilye on 19
B. AGE: Years Months Days It less than one day	Immediate cause of death DURATION
12 2 20	
(0 d) L d 7	
9. Birthplace	Due to Selvande Selvande
taguari	B 1: 1 arth
10. Usual occupation. Call MARKA	Due 10
11. Industry or business	
12. Name Leny Leny	Other conditions Chome supremble
13. Birthplace Elaton md	Gradual and State of Jacks
14. Malden name Donabelle Walker	(Include pregnancy within 3 months of death)
EARL ROAZI	Major findings of operations.
Z 15. 8 rthplace Chelon N. C. 2 ma	Date of op.
18. Informant Mrs Theorem Teams	Autopsy results
Address Elpton, R.D. 2 md	
. Buil 2 1= 1= 110	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematary Cloton Fra Cemeter	Where dld injury occur?
FORt med	Injured at home, tarm, Industry, public place (where?)
Location	Means of injury injured at work?
18. Funeral director.	Access of injury
Address Olfston md	the Re As I was.
0 1/2 1/2	23. SIGNATURE M. D. or other
(Date rec'd by registrar) (Date rec'd by registrar)	ar Address Letton had Date signed 6/13/K
(Three sec of my sekistras)	11 Muli 235 Company of the com

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH: County Becil	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town	State Mary land County Cecil City or town (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of doath? Hospital, institution, or street address where death occurred: VA Hospital, Perry Point, Md.	Street No. R.F. D. #3 (If rural, give LOCATION)	
How long in hospital or institution?Sameasabo.ve	2.(a) If veteran, name war	
3.(a) FULL NAME LILLY, George M.	3. (b) Social Security Number 218_03_8506	
4. Sex 5. Color or raco 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
male white Married	20. DATE DF DEATH	
6.(b) Namo of Justiful of wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
7. Birth date of deceased (mo., day, yr.) March 30, 1912	and that I last saw himalive onIune28	
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION HODGKIN'S DISEASE 6 to 9	
36 2 28hrsmin.	months.	
9. Birthplace	Due to	
12. Namo	Dither conditions	
14. Maiden name	(Include pregnancy within 3 months of death)	
15. Birthplace Unknown	Date of op.	
18. Informant Hospital Records	Autopsy results	
Addross VA Hospital, Perry Point, Md. Removal (Burlal, cremation, or removal, Which?) Cometory or crematory. Addross VA Hospital, Perry Point, Md. Dafe thereof. June 28, 1948 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	
Location Elkton Maryland	Injured at home, farm, industry, public place (where?)	
18. Funoral director W. W. Pappin	Msens of Injury Injured at work?	
Address Elkton, Maryland	2% SIGNATURE A Kore, W.D.	
19. Jane 28 19 48 Jane E Daylor Segistrar	Address YA Hospital, Rerry Point Date signod 6-28.48	

Physicians: please write the causes of death clearly and legibly

is especially important.

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JUL 1 1948
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

9301

Reg. Diat. No.

	· · · · · · · · · · · · · · · · · · ·
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mether).
County	State Mary land County Coccel
City or town	0 0 1
How long in above place of death?	City or town (1f outside city or town itmits, write RURAL and give nearest town)
Charle way	Street No
How long in hospital or institution?	(**************************************
3. (a) FULL NAME	3. (b) Social Security Number
Katy b. hoveless.	3. (0) Social Security Number
4. Sex 5. Color or raco 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M. Wh Jungle.	20. DATE OF DEATH JUNE 14 19 48 11 42 M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that attended deceased from
	" Fab 417 (a 11) 418
7. Birth date of deceased (mo., day, yr.) March, 9 1894	and that I last saw h. 9.1 Calivo on Tune 4 19.48
8. AGE: Years Months Days It less than one day	Immediate cause of death
5-4 3 5hrsmin	
9. Birtholace Chearbeake City med	Que to the perferring Cardin
form, county, and state)	Vascular disease 2 mm +
10. Usual occupation.	Due to
11. Industry or business	
12. Name Toveless 13. Birthflace New Jense	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name 11. Birthptace	
15. Birthplace	Major fiadiegs of eperatices.
16. Interment Jan John P Lycles	Date of op.
100 100	Autopsy results
Address hearplake City Mid	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal Which) (Burial, cremation, or removal Which)	Accident, suicido, or homicide
Cemetery or crematory. Beckel	Where did injury occur? (City or town) (County) (State)
The Comment of head	
Location Control Contr	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
18. Funeral director	Meeting of infinity
Address Exeton Mu	o was the head Hill or see her. 40
10 June 16 10 48 Sand Rolling Por Pres	23. SIGNATURE M. D. other
(Date ree'd by registrar) 19 4	Naddross 20074 Md Date sign Une 14, 194

SERTIFICATE SIXTER OF BESTER

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JUN 17 1948

BUREAU V. S.

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2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED (For newborn infants give residence of mother)
County	State Man County Cecil
(If outside city or town limits, word RURAL and give nearest town)	Elletan Heider
How long in above place of death?	(If outside city or town limits, write RUROL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No
Mun ang. Esceron Pha.	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
	ming
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
H. Mile Hidow	20. DATE OF DEATH Scree 10 1418 3 450
Oxenes haceronia	
6.(b) Name of husband or wife for the form of husband or wife for the husband	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	19, to
7. Birth date of deceased (mo., day, yr.) 4 culy 6 1869	and that I last saw halive on
8. AGE: Years Months Days It less than one day	Immediate cause of death
00 11	f all all all all all all all all all al
7hrsmin.	Intestina o confiction
9. Birthplace (Town, county, and state)	Due to tell demonway.
10. Usual occupation. Arioland	Oue to
11, industry or business	
12. Name Robert Weyon.	Other conditions
12. Name Aver Deyon.	
	(Include pregnancy within 3 months of death)
14. Malden name Dusse Duyon 15. Birthplace Millington Mil	Major findings of operations.
E 15. Birthplace Bellington, India	Qate of op.
16 Information of red Bramble	Autopsy results.
Reall to ble chit had	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Clauve Hegus Mg	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Burial Bate thereof June 14. 1947	Accident, suicide, or homicide
(Burial, cremation, or removal. Whieh?) (month) (day) (year)	
Cemetery or crematory	Where did injury occur?
Location Charopeake Caly MS RD	Injured at home, tarm, industry, public place (where?)
18. Funeral director 74 W. Pippin	Means of Injury Injured at work?
East	Moderal Examiner
Address Och Ton Mag	23 STRATES TOCKET MINIST Cocil County
10 kme 11 10 48 Ili Traser	4 1 de la Caracta M. D. or other
(Date ree'd by registrar) Registrar	address Cally Successful 20-48

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JUN 15 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

940 Reg. Diat. No.

City or town (If outside fity or town limits, write RULAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn in fants give residence of mother). State
3.(a) FULL NAME Dora mile	(ee 216-07-55-21
4. Sex 5. Color or race 6.(a) Single, married, widowed or divorced Suyle	MEDICAL CERTIFICATION 20. DATE DF DEATH 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8.(6) Name of husband or wife	and that t last saw h
8. AGE: Years Months Days If less than one day hrs. min. 9. Birthplace (Towl county, and atate)	Due to.
10. Usual occupation 11. Industry or business 12. Name John Circles 13. Birthplace Corrowood Inc	Due to: Other conditions:
14. Maiden name & Muie & Mice 15. Birthplace Corvouing Med.	(Include pregnancy within 3 months of death) Major findings of operations
16. Informant Address Active Grace State 17. (Burlal, cremation, or repropal, Which?) Date thereof (ponth) (day) (year)	Actorsy results PHYSICIAN: Ptease underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, Ill in the following: Accident, suicide, or homicide
Location Company Compa	Whare did Injury occur?
19 June 19 19 48 Share E. Songling	13. SERMAURE COOLEGE OF COUNTY THE RESIDENCE OF THE PROPERTY OF THE PARTY OF THE P

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WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The construction is especially important. Physicians: please write the causes of death clearly and legibly.

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JUN 21 1948 BUREAU V. S.

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

1. PLACE OF DEATH:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
COUNTY		Denocit	Slate Maryland County Cecil	
City or town Port Deposit (If outside eity or town limits, write RURAL and give nearest town)		mits, write RURAL and give nearest town)	Port Denosit	
How long in above place	e ot death?	ife	City or town	town)
Hospital, Institution, or	r streel address where	death occurred:	Street No. Main	******
***************************************			(If rural, give LOCATION)	
How long in hospital o	r Institution?		2.(a) It veleran, name war	
3. (a) FULL NAM	E		3. (b) Social Security Nu	mber
	Ch	arles Casper Mohr	lein	
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	- 11
Male	White	Married	20. DATE OF DEATH June ZZ 19 48 at	11.7 H
was a sale of	Teah	ella Mohrlein	21. I CERTIFY that death occurred on the date above stated; that I attended deceased	trom
6.(b) Name of husband	or wife	93 93	hog 20 10 47: 10 Jane 2	2148
7. Rirth date of			and that I last saw h. A alive on June 22	19 × 8 -
deceased (mo., day,	yr.) NOV.	12, 1866	Immediais capae of death	DURATION
8. AGE: Years	s Months	Days If less than one day	Corelyal Kemonhass	2 hours
81	7	10min.		
Po	rt Deposi	t, Cecil Co., Md.	Busto Grelval ancerson	4 yrs.
9. Birthplace	(Towa,	eounty, and state)		
10. Usual occupation And Walu Infily		ale Inffely.	Duado	
11. Industry or business Park W. Sharif.		& W. stranit		4
		Mohrlein	Other conditions arterio Selekores -	ours-
C		Germany		
			(Include pregnancy within 8 months of death)	
14. Malden name	Pobura		Major findings of operations	
2 15. Birthplace		Germany	Date of op.	
16. Interment	Isabell	a Mohrlein	Aatopsy results	
Address Port Deposit, Md.		eposit. Md.	PHYSICIAN: Please underline the cause to which death should be charged state	istically.
" Buri	0.7		22. VIOLENCE: It death was due to external causes, fill in the tollowing:	
(Burial, eremation, or removal, Which?) (month) (day) (year)		(month) (day) (year)	Accident, suicide, or homicide	*************************
Cemetery or crematory. West Nottingham		ottingham	Where did injury occur?	tate)
Location Colors, Md. Rural			Injured at home, farm, Industry, public place (where?)	
		Tatterson 4 Son	Means of Injury Injured at work?	
18. Funeral director			SEWI- 2	20
Address Perryville, Md.		e, Ma.	25 SIGNATURE D. Y. 188 MAON, 11	7· N.
0 25 48 Jan 5 D. La		- Inema E. Dunch	SIGNATURE M. D. or o	they
Date rec'd by registrar		Registrar	Address Date signed Date signed	124148
			, , , , , , , , , , , , , , , , , , , ,	

ADING INK. Supply every item of information carefully. The Physicians: please write the causes of death clearly and legibly

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MARYLAND STATE DEPARTMENT OF HEALTH

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2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

CERTIFICAT	Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newtorn infants rive residence of mother) Slate
	(If rurat, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war.
3. (a) FULL NAME Domenico Pa	21 Caro 3. (b) Social Security Number
4. Sex 1 5. Color prace 6.(a) Single, married, widowed, or divorced married	MEDICAL CERTIFICATION 2D. DATE DF DEATH LUCY 26 1948 301
6,(b) Name of husband or wife	21. I CERTIFY that teath occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Que 17 1896	and that I last saw halive on
8. AGE: Years Months Days It less than one day	Immedia cause of death Country DURATION
3/ 00 10 9min.	disease /
9. Birthplace F was Down, county, and state)	Due to
10. Usual occupation. Plasterer	
	Due to
11. Industry or business 12. Name	Diher conditions
13. Birthplace	(Include pregnancy within 3 months of death)
14. Malden name Jeres De & Berarchico Staly	Major findings of operations
\$ 15. Birthplace	Dale of op.
16. Interment Mrs Luba W brorcora	Antopsy results
Address with Cash, hid	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Buriol Dale thereof 6-30-48 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, till in the following; Accident, suicide, or homicide
Cemetery or crematory methodish	Where did Injury occur?
MARTINE M GRUPAUS	Injured at home, farm, Industry, public place (where?)
Location R Standard	Msans ot lajury Injured at work?
18. Funeral director.	(1) Co O Co hell Medical Examin
Address North Cash, Ind	23 ATT THE COUNTY OF Cecil Coun
19. July 6 19 18 Seren & Ruthern (Date rec'd by registrar)	Adores Surgen Md Date signed / 26-4

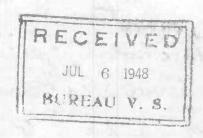
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2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No.

CERTITION	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Cecil	(For newborn Infanta give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State Transpland County Clail
How long in above place of death? defetions	City or town
Hospital, Institution, or street address where death occurred:	Street No.
	(if rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
4. 301 0 1. 10 d 1. 10	16.
male white married	20. DATE OF DEATH Survey 25 1948 11145 P'M
8.(b) Name of husband or wife	21.1 CERTIFY that death occurred on the date above stated; that lattended deceased from
V(c) It alive, give age 7.2. Tyears	0
7. Birth date of deceased (mo., day, yr.) Dec 31 1876	Immediate cause of death.
8. AGE: Years Months Days If less than one day	Immediate cause of death
71 5 25hrsmin.	
9. Birthplace Novel East Cicl Co Md	Ove to.
(Town, county, and state)	
10. Usual occupation	Que to
11. Industry or business	
12. Name	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name ducy Lowe 15. Birthplace north Cash Md	Major findings of operations
15. Birthplace north Cast Md	
16. Informant. Mrs. Fra Wello	Antopsy results.
Address nout East md	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17	22. VtOLENCE: It death was due to external causes, fill in the following; Accident, suicide, or homicide
(Burial, cremation, or removal, Which?) (month) (day) (year)	33-3-1
Cemetery or crematory	Where did injury occur?
Location Cough Cough Mad	Injured at home, farm, Industry, public place (where?)
18. Funeral director Joseph C. Trant	Means of Injury Injured at work?
Address In with East had	23 SIGNATURE CASCOLLINA
Jana 28 1118 Garah E. Rotherns	M. D. orother
19. (Date rec'd by registrar) Registrar	Address Place Gast Tel Date signed 6- 78 7 418

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CEDTIFICATE OF DEATH

CERTIFICATE OF DEATH Reg. Dist. No.			
1. PLACE OF DEATH: County City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or atreet address where death occurred: How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State		
3.(a) FULL NAME Sarah. J. Rowles.	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE DE DEATH. Tune 13 1948 at 1 4 5		
6.(b) Name of husband or wife. I am es Selby Powles.	21. I CERTIFY that death occurred on the date above stated: that I attended doceased from 19 4 9		
7. Birth date of deceased (mo., day, yr.) November 29 1865 8. AGE: Years Months Bays If less than one day	and that I last saw h		
9. Birthplace Norwood Delaware Co P. 3. (Town/county, and state)	Berebral accordent Vlue 7-		
9. Birthplace J.V.O.Y.W.O.O.M. (Town, county, and state) 10. Usual occupation.	Due to		
11. Industry or business 12. Name George D. George 13. Birthplace Penn 12. december 13. Birthplace	Dither conditions		
# 14. Maiden name Phebe Holland	(Include pregnancy within 8 months of death) Major findings ol operations.		
15. Informant A1.5.5 Sarah J. Rowles	Autopsy results		
Address 171 Wellington Rd. Upper Danty Pa	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following;		
(Burial, cremation, or removal, Which?) Date thereof. (month) (day) (year) Cemetery or crematory. A 2 70.65 / 132,58.451.02.5	Accident, aulcide, or homicide		
Location 68 That Wood Land Ave Philala	Injured at home, farm, Industry, public place (where?)		
Address North Eash Md	23 SIGNATURE Michael H. Sorache, ma		
19. Mile 15 19.48 FR Frager (Date rec'd by registrar) Registrar	M. D. or other		

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CERTIFICATE OF DEATH

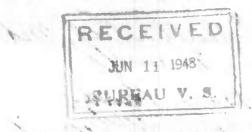
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1. PLACE OF DEATH:	2. USUAL RESIDENCE (DIOME) OF DECEASED: (For newborn infants give residence of mother)
County	State May Cecil
City or town	cown)
How long in above place of death?	City or town
Hospital, Institution, or street address where death occurred:	
, , , , , , , , , , , , , , , , , , ,	Street No
How long in hospital or institution?	2.(a) 11 veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Ida may Il	uley 221-14-39
4. Sex 5. Color or race 6.(a) Single, mirried, widowed, or divorce	MEDICAL CERTIFICATION
Knuch Colout marries	20, DAYE OF DEATH JUNE 6 19 48 1240
7. 01.	21. I CERTIFY that wath occurred on the date above stated: that I attended deceased from
6.(b) Name of husband or wife	
6.(c) If alive, give age	years
7. Birth date of deceased (mo., day, yr.) May 3/1895	
8. AGE: Years Months Days If less than one day	Immediate cause of death
15 2 hrs	min. / Multary Conserved. 6 M
a. At pil m	
9. Birthplace Cecillon Cell Mo	Oue to
10. Usual occupation	
10. Usual occupation	Due 10
11. Industry or business	
= 12. Name Isace Islufy	Other conditions
12. Name Pacc Pack	
	(Include pregnancy within 3 months of death)
14. Maiden name Hannie Tynch 15. Birthplace	Major findings of operations
S 15. Birthplace	Date of op.
Tiney of Muley	Anlopsy results
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Occupant 1919	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Burial Date thereof June 9/	Accident, suicide, or homicide
(Burial, cremation, or removal, Which?) (month) (dat) (() //
Cemetery or crematory	Where did Injury occur?
Location Cecillon MA	Injured at home, farm, Industry, public place (where?)
bolish of the land	Means of Injury Injured at work?
18. Funeral director	
Address Mclayton	Mill Thursham + Kanne & le
aut may and	M. D. or other
Date redd by registrar)	Registrar Address Holma Jul Date signed 6-9-1
Elman see a my refinished	The state of the s

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WITH UNFADING INK. Supply every item of information carefully. The important. Physicians: please write the causes of death clearly and legible

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CERTIFICATE OF DEATH

2411 N. Charl	les St., Baltimore 93d		
CERTIFICAT	TE OF DEATH Reg. Diat. No		
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother) Siate Maryland County Cecil City or town Liberty Grove (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.		
3.(a) FULL NAME CECIL SMELTZER	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single. married, wildowed, or divorced White Widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH. June 19 19.4.7 at 10:30		
6.(6) Name of husband or wife Lucy E. Smeltzer 6.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) February 14, 1865	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.4 7 to form 19.5 and that I last saw h. 1		
8. AGE: Years Months Days It Jess than one day 8. 4 6	Immediate cause of death OURAT		
9. Birthplace Perryville Maryland (Town, county, and atate) 1D. Usuai occupation Farmer	Ove to. Sin 1 1 1 4		
11. Industry or business 12. Name	Other conditions.		
14. Maiden name Henrietta Gorrell 15. Birthplace Cecil Co., Maryland	(Include pregnancy within 8 months of desth) Major findings of operations. Date of op.		
16. Informant Mrs. Norwood Williams Address Liberty Grove, Md.	Autopsy results		
Burial Oate thereof June 23, 1948 (Burial, cremation, or removal, Which?) Cemetery or crematory. West Nottingham Cemetery	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		
Location Colors, Maryland 18. Funeral discourse Colors of Colors	Injured at home, farm, Industry, public place (where?) Msans of Injury injured at work?		
Address Velryville, M. J. 19. June 3 48 June & Douglary Date rec'd by registrar) Date rec'd by registrar)	Address Bu + D Sos + L Date signed G-22		

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CERTIFICATE OF DEATH

Reg. Dist. No.

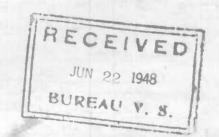
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For Rewborn infants give residence of mother)
County	No Parada
City or town	State Wilming Town
	(If outside city or town iim s, write RURAL and give nearest town)
How long in above place of death?	
	Street No(If rural, give LOCATION)
	2.(a) If veteran, name war
How long in hospital or institution?	
3.(a) FULL NAME William Webbe	3.(b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married	2D. DATE OF DEATH JUNE 19 1948 at 1-15 PM
managet Wetber	21. I CERTIFY that death occurred on the dale above stated; that I atlended deceased from
6.(b) Name of husband or wife margaret Wibber	
7. Birth date of 220 0 114 1911-	and that I last saw h
	Immediate cause of death
8. AGE: Years Months Days It less than one day	millicute a vory
9. Birthplace. Bridgeville Delawan (Town, county, and state)	Due fo
(Town, county, and state)	
to. Usual occupation	Due fo
tt. Industry or business Rem RR CV	
12 Name Bufasine Fi Webber	Dither conditions
1 to the state of	
	(Include pregnancy within 8 months of death)
# 14. Maiden name. Vella Will	Major findings of operations
14. Maiden name Jula Dill 15. Birthplace Greensborough My	Bate of on.
Pa 10 74 11-10-	Autopsy results.
18. Intermant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address417 E4 do st willing love Nel	22. VIOLENCE: If death was not D external causes, py in the following:
Bustal Bate thereof Lune 21, 1948	Accident, suicide, or hamicide for the land Dale of Legister
Bate thereot (month) (day) (year)	Callata a VIII Page Page
Cemetery or cromatory Selver brook Cecustery	Where did injury occur. (City or town) (County) (State)
Wilmington Del	figured at home, term, industry, public place where the first terms of
Location 21	Subshill in hout oftradowner yea.
tB. Funeral director. It . Coffifficial	Medical Examiner
Address Elkton md	Who Dockson Milhor Cacil County
Audiess Colores 111	23. CANTURE M. D. or other
18 Ance 20 19 48 F/8 Truses	+ Mining Succe Sall R. 1940
(Eate ree'd by registrar)	AUDITOR STATE OF THE PROPERTY

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH Re-

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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					Reg. Diat. No	
1. PLACE OF DEAT				2. USUAL RESIDENCE (HOME) 0	F DECEASED:	
County Cacil City or town Perry Point, Md. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Nospital, institution, or street address where death occurred: VA Hospital, Perry Point, Md. How long in hospital or institution? Same			days	(For newborn infants give residence of mother) State Maryland County Baltimore City or town Baltimore (If outside city or town limits, write RURAL and give nearest town) Street No. 2406 Roslyn Ave. Baltimore 16, Md. (If rural, give LOCATION) WW-I		
3. (a) FULL NAME	4.00				3. (b) Social Security	
	, Albert				086-01-06	121
4. Sex male	white	111	e, married, widowed, or divorced arried	MEDICAL CI	ERTIFICATION	. 6:40 P
6.(6) Name of husband or 7. Birth date of deceased (mo., day, yr.)	77		c) If alive, give ageyears	21. I CERTIFY that death occurred on the date about 16	48 to June 9, te 9,	19 48 19 48
8. AGE: Years	Months	Days	It less than one day	Immediate cause of death		
60	11	6	hrsmin.	Uremia, uremic poiso		
9. Birthplace Pennsylvania (Town, county, and atate) 1D. Usual occupation Unknown				Due to. Hypertensive cardiovascular Unk		Unknown
11. Industry or business 12. Name Unknown 13. Birthplace Unknown 14. Birthplace Unknown 15. Birthplace Unknown				Diher conditions Diabetes mellitus		Unknown
14. Maiden nams. Unknown 15. Birthplace Unknown				(Include pregnancy within 3 months of death) Major fiadings of operations.		
16. Informant Hospital Records				Autopsy results. None PHYSICIAN: Please underline the cause to which death should be charged statistically.		
17 Remova. 18 (Burial, cremation, o Cemetery or crematory. Location Ba.1	timore, M	Date ther own Marylan	June 10, 1948 (month) (day) (year)	22. VIOLENCE: tf death was due to external cau Accident, suicide, or homicide	(County)	(State)
18. Funeral director PENNI Address Have	NGTON & S e de Grac (U 19 4 8	ONC.	une E Saugh Registrar	23, SIGNATURE	Chief Profes	stonal 6_10_48

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